PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				Fax (571) 273-2885			
INSTRUCTIONS: This form appropriate. All further correindicated unless corrected be	n should be used for trans espondence including the F slow or directed otherwise	smitting the ISSU Patent, advance ord in Block 1, by (a)	E FEE and lers and not specifying	PUBLICATION FEE (if requification of maintenance fees was new correspondence address;	ired). Blocks 1 through 5 vill be mailed to the currer and/or (b) indicating a se	should be completed where nt correspondence address as parate "FEE ADDRESS" for	
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Fee(s) Transmittal. The papers. Each additions	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must		
35690 7590 10/28/2005				have its own certificate	have its own certificate of mailing or transmission.		
P.C. P.O. BOX 398	OOD, KIVLIN, KO	WEST KACE	ETZEL,	I hereby certify that the	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
AUSTIN, TX 78767	JAN 0 9 2006			rey C. Hood	(Depositor's name)		
)1/10/2006 HTECKLU2 000001				12	(Signature)		
FC:1501 1400.00 DA PFC:8001 15.00 DA		THE THEM BEN BOTH			1/6/2006		
3 F0:1584PLICATION300.00	A FILING DATE	FIRST NAMED II		D INVENTOR ·	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/005,548 10/26/2001 Siming Lin 5150-63900 8072						8072	
TITLE OF INVENTION: I	OCATING REGIONS IN			G COLOR MATCH, LUMIN			
APPLN. TYPE	TYPE SMALL ENTITY ISSUE		EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300.	\$1700 T	01/30/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS	J		
LU, TOM Y		2621		382-165000	Mev	ertons Hood Kivlin Kowe	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T			or agents (2) the na registered 2 register listed, no	mes of up to 3 registered patent attorneys OR, alternatively, me of a single firm (having as a member a attorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed. Jeffrey C. Hood Mark S. Williams			
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will ap Γa substitute	pear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR CO		document has been filed for	
Please check the appropriate	assignee category or catego	ories (will not be pr	inted on the	patent): 🔲 Individual 🕱 🤇	Corporation or other private	group entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
					he amount of the fee(s) is enclosed.		
				ment by credit card. Form PTO-2038 is attached. Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Account Number501505/5150_63900 (enclose an extra copy of this form).			
Advance Order - # of	Copies <u>S</u>		Deposit Ac	rector is hereby authorized by count Number	charge the required fee(s), _63900 (enclose an extr	or credit any overpayment, to a copy of this form).	
5. Change in Entity Status a. Applicant claims St	(from status indicated above MALL ENTITY status. See		☐ b. Appl	icant is no longer claiming SMA	ALL ENTITY status. See 37	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Pointerest as shown by the reco	s requested to apply the Iss ablication Fee (if required) rds of the United States Pat	ue Fee and Publica will not be accepte ent and Trademark	tion Fee (if a d from anyon Office.	any) or to re-apply any previous ne other than the applicant; a rep	sly paid issue fee to the appligistered attorney or agent; o	lication identified above. r the assignee or other party in	
Authorized Signature Jeffrey C. Hood Typed or printed name This collection of information is required by 37 CFR 1.311. The information is re-				Date	1/6/2006		
Typed or printed name	Jeffrey C. Ho	od		Registratio	1/6/2 > 06 n No	5,198	
This collection of informatic an application. Confidentiali submitting the completed ap this form and/or suggestions Box 1450, Alexandra, Virg Alexandria, Virginia 22313-	ty is governed by 35 U.S.C plication form to the USP? for reducing this burden, sinia 22313-1450. DO NOT	311. The information 122 and 37 CFR CO. Time will vary hould be sent to the SEND FEES OR	on is required 1.14. This condending depending e Chief Info COMPLETE	d to obtain or retain a benefit by ollection is estimated to take 12 upon the individual case. Any or mation Officer, U.S. Patent and DED FORMS TO THIS ADDRES	the public which is to file (minutes to complete, inclu- comments on the amount of d Trademark Office, U.S. E SS. SEND TO: Commission	and by the USPTO to process) ding gathering, preparing, and f time you require to complete bepartment of Commerce, P.O. ler for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.